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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	HRL053
	<b>First Named Inventor</b>	Ottusch
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

FAX RECEIVED

MAR 18 2003

PETITIONS OFFICE

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR MODELING THREE-DIMENTIONAL ELECTROMAGNETIC SCATTERING FROM ARBITRARILY SHAPED THREE-DIMENTIONAL OBJECTS.**

the specification of which  
☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/213,102	June 16, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number 

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Cary Tope-McKay	41,350		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Cary Tope-McKay				
Address	23852 Pacific Coast Highway #311				
Address					
City	Malibu	State	CA	ZIP	90265
Country	USA	Telephone	(310) 291-0390	Fax	(310) 943-2736

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
John Jacob		Ottusch	
Inventor's Signature	<i>John J. Ottusch</i>		Date
Residence: City	Malibu	State	CA
		Country	USA
Post Office Address	6161 Tapia Drive		
Post Office Address			
City	Malibu	State	CA
		ZIP	90265
		Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/02A (10-00)

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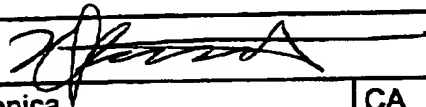
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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Harry F.		Family Name or Surname Contopanagos	
Inventor's Signature 		Date 2/27/03	
Residence: City Santa Monica	CA State	USA Country	Greek Citizenship
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Mailing Address			
City Santa Monica	CA State	90403 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 1
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Stephen M.		Wandzura			
Inventor's Signature	<i>Step Wandzura</i>			Date	6/15/61
Residence: City	Agora Hills	State	CA	Country	US
Post Office Address	27441 Freetown Lane				
Post Office Address					
City	Agora Hills	State	CA	ZIP	91301
				Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	

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DECLARATION				ADDITIONAL INFORMATION			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this assigned inventor			
Given Name (first and middle if any)				Family Name or Surname			
Vladimir				Rokhlin			
Inventor's Signature				Date			
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Post Office Address							
City				State		Country	
Hamden				CT		06514 USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this assigned inventor			
Given Name (first and middle if any)				Family Name or Surname			
John P. L.				Visher			
Inventor's Signature				Date			
Residence City				State		Country	
Malibu				CA		USA	
Post Office Address				31363 Pacific Coast Highway			
Post Office Address							
City				State		Country	
Malibu				CA		90265 USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this assigned inventor			
Given Name (first and middle if any)				Family Name or Surname			
Inventor's Signature				Date			
Residence City				State		Country	
Post Office Address							
Post Office Address							
City				State		Country	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 1
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Vladimir		Rokhlin			
Inventor's Signature	V. Rokhlin			11.06.01 Date	
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Post Office Address					
City	Hamden	State	CT	ZIP	06514
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
John F		Visher			
Inventor's Signature				Date	
Residence: City	Malibu	State	CA	Country	USA
Post Office Address	31363 Pacific Coast Highway				
Post Office Address					
City	Malibu	State	CA	ZIP	90265
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	

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